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**To: Pharmacies, Physicians, Physician Assistants,
Nurse Practitioners, Oral Surgeons, Optometrists,
Dentists, FQHCs, RHCs, and Nursing Homes**

RE: Preferred Drug List (PDL) Update

Two important pharmacy program updates will be effective April 1, 2009:

1) The Alabama Medicaid Agency will no longer require prior authorization (PA) for payment of generic legend omeprazole. Preferred brands as well as OTC versions of Proton Pump Inhibitors will also continue to be available with no PA necessary.

2) The Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
Aciphex -Gastrointestinal Agents- Proton-pump Inhibitors	Caduet -Cardiovascular Health/ HMG CoA Reductase Inhibitors/Combos
Patanase -EENT Preparations-Antiallergic Agents	Imitrex -Pain Management/ Autonomic Agents-Selective Serotonin Agonists
Treximet -Pain Management/ Autonomic Agents-Selective Serotonin Agonists	Metadate CD -Behavioral Health/ Cerebral Stimulants-Agents for ADD/ADHD
	Pexeva - Behavioral Health/ Antidepressants
	[†] Relenza -Anti-infective Agents/ Neuraminidase Inhibitors
	[†] Tamiflu -Anti-infective Agents/ Neuraminidase Inhibitors

** denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA). Available covered generic equivalents (unless otherwise specified) will remain preferred.*

[†]Will remain preferred throughout the defined flu season (October 1 – April 30).

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Providers are to mail or fax hard copy PA requests directly to:

**Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210 Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form to HID. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

March 10, 2009